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The Supplementary Education Center of Worcester, Massachusetts, a Title III project, is a reading clinic designed to help seriously retarded readers. Its objectives are to provide a systematic diagnostic system, an individualized instructional program, a continuing evaluation of reading and instructional materials, and a training ground for classroom teachers. The diagnostic information utilized includes case history data, physical and emotional data, general and potential capacity levels, and present achievement levels for each child. Referral conferences include the principal, the classroom teacher, the remedial reading teacher, and two reading clinic teachers. Individualized instruction is provided for 30 to 40 minutes four times weekly. There is continuous evaluation of materials. One-week inservice teacher training familiarizes classroom teachers with the diagnostic and remedial techniques used. Since its beginning in October 1967, 26 children from grades 2 to 5 have been enrolled. Sixteen have been dismissed as no longer in need of specialized help. References are listed. (BS)

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SUPPLEMENTARY EDUCATION CENTER

Session 22C ESEA (PL 89-10) and the Improvement of Reading Instruction

Exemplary Programs, Title III

RE 001 338

In August 1966 Worcester submitted a Title III proposal to the Federal Government for a Supplementary Education Center. One of the segments planned for the center was a Reading Clinic for severely retarded readers in Worcester's public and parochial schools. Worcester has a population of approximately 200,000. There are 30,000 pupils enrolled in our public schools and about 10,000 in our parochial schools. As is expected in a city this size, there are high, average and low socio-economic areas. Worcester has 56 public elementary schools, 17 of which meet the requirements for culturally disadvantaged schools.

Title III grants should be innovative and exemplary. They are not intended to repeat services already in existence but rather to supplement them. Before I explain why we in Worcester felt the need for a Reading Clinic I must explain the Remedial Reading program that was in existence and which led to our writing of a proposal for a Reading Clinic.

Description of Present Remedial Reading Program

A Remedial Reading program has been in existence in the schools since 1946. Criteria for admission to these classes is - 9 months retardation for children in the primary grades and 1 1/2 years on the intermediate level when achievement is compared with capacity. Since the goal of the Remedial Reading program is to help those students with a bona fide reading disability all pupils accepted in the Remedial Reading program have normal or "potentially normal" intellectual abilities. There are eight remedial reading teachers who teach approximately 100 elementary school children a week for one term. The remedial reading classes are small, usually 6 pupils in a group. The children have 2 or 3 forty-minute periods of instruction weekly. Most of the pupils in these Remedial Reading classes made the expected gains and were able to compete successfully in their classrooms. However, there is a small percentage of these pupils who just do not show this expected gain. These were the children about whom the Remedial Reading teachers would say, "I know he would show progress if I only could find the time to teach him alone."

Identification of Pupils

In order to establish the number of pupils who could be included in this category, a questionnaire was constructed and distributed to the remedial

reading teachers in the public schools and to the principals of the parochial schools. In the public schools, therefore, the selection of these pupils was made by experienced remedial reading teachers who knew their pupils well. In the parochial schools children were recommended on the basis of principal and teacher consultation. Dr. Spache in his book Toward Better Reading (6) feels the seriously retarded reader is one who has had normal opportunities for schooling yet continues to show the same degree of retardation below his estimated capacity despite corrective efforts which extend over a period of months.

A study of the remedial reading program in the Worcester Public Schools for the last 3 years substantiated the figure of 1/2 to 1% of the total school population who could be classified as seriously retarded readers because they had not shown progress despite remedial reading help. This group is sometimes referred to by reading educators as the "hard core" remedial readers.

Our identified group of seriously retarded readers seemed to fit the description of Dr. Spache. So it was with this group in mind that a proposal for a reading clinic was written. The reading clinic would not duplicate the services of the remedial reading program as it was planned to apply a multi-disciplinary attack to the problems of those pupils who did not benefit from the remedial reading program.

Clinic Objectives

The goals of the Reading Clinic as stated were to offer the following:

1. A systematic diagnosis of individuals encountering severe difficulty in reading and related language areas.

2. An individualized instructional program for each severely retarded reader who has not responded to small group corrective reading instruction.
3. A means of evaluating reading and other types of instructional materials.
4. A training ground for classroom teachers.

In April 1967 Worcester was granted $228,000 for a Supplementary Center. The Reading Clinic for our seriously retarded readers was one segment of it. The Reading Clinic is located on the second floor of a school building. It has been completely renovated with an observation room, rooms for guidance counselor, clinical psychologists, an optometrist, a library and instructional areas. Personnel was hired and the Clinic was then ready to begin operations. The first goal of the Reading Clinic was to conduct a Diagnostic Division. As was mentioned earlier when this project was in the planning stage a questionnaire was sent to our remedial reading teachers and to parochial school principals to identify the number of possible candidates whom they would recommend for service from the clinic. There were 184 referrals made to the Reading Clinic. In September the two reading clinic teachers began the screening and diagnosis procedure - which was to continue throughout the year. This is the starting point for all cases referred to the Reading Clinic. Through this diagnosis, the teachers identified the specific needs in reading and these provide the basis for recommendations and prognosis.

Diagnostic Procedures

The diagnosis of a child is performed by the Reading Clinic staff - teachers, guidance counselor, clinical psychologist, and supplemented by other school personnel as the school nurse. In the diagnosis of a child which is an extremely important function, four basic areas are investigated:

1. Case history data. The guidance counselor looks into the child's home and school life. He explores the child's attendance and school record. Does he have a history of underachievement or behavioral difficulties? He also has a conference with the child and his classroom teacher.
2. Physical, social and emotional status. The school nurse is consulted, and health records studied for auditory and visual appraisal. We will add an optometrist to the staff very soon for a more complete appraisal of vision.
3. General capacity level or potential capacity level. The psychologist administers the Wechsler Intelligence Scale for Children to obtain an index of mental ability. She may at times administer the Stanford Binet, the Bender-Visual Motor Gestalt, Kohs Block Test and Frostig Test of Visual Perception.
4. Present achievement level. This is appraised by the Reading Clinic teachers in the clinic. They administer a variety of achievement and diagnostic tests depending upon the child. All pupils are administered the Durrell-Analysis of Reading Difficulties including Spelling and Handwriting Test, the Gates-

MacGinitie Reading Test and the Gates-McKillop Diagnostic Test. Other tests administered are the Lincoln Diagnostic Spelling Test, Gray's Oral Reading Test and the Botel Reading Inventory.

The two reading clinic teachers also meet with the principal, classroom teacher and former remedial reading teacher in appraising these children. Because the Reading Clinic can accommodate such a small percentage of pupils in need of help, it is extremely important that we select those whose reading difficulties are largely due to problems that can be overcome by a multi-disciplinary approach. At this point a conference is held with all staff personnel - reading clinic teachers, guidance counselors, psychologist, director and reading consultant - to determine which pupils will be accepted for instruction at the clinic. From this conference there is a great deal of information shared.

If a pupil is not accepted for instruction at the clinic the Reading Clinic teacher develops a comprehensive report with all test data and recommendations for the classroom teacher.

When Reading Clinic teachers diagnose referrals they identify the type of reading problem and specific needs of a pupil and they classify the difficulty as being corrective or severely remedial. Then they make one of three recommendations:

1. A good prospect for instruction in the Reading Clinic.
2. A referral to/or continue in the remedial reading program at the school with specific suggestions.
3. A recommendation to continue in the classroom with supportive help by the reading consultant to the classroom teacher.

The Instructional Program

In October 1967 instruction began at the Reading Clinic for 16 pupils - the most severely retarded readers that were recommended by the remedial reading teachers. When a child was accepted for instruction the reading clinic teachers met with his parents to explain the program and to acquaint them with their responsibilities to the success of the program. The pupils are transported by station wagon from their home schools to the clinic. In a few instances transportation could not be arranged for some children but their mothers volunteered to drive them, thus indicating the enthusiasm of the parents for the program. The pupils are instructed for 30 - 40 minutes four times weekly. Sometimes instruction is on a one-to-one basis but often is on a two-to-one basis if there are pupils who have common problems, or if there is a transportation problem.

The instructional program is based on the pupil's needs as determined by the diagnostic program. The teachers in the clinic are quick to point out that the instructional program offered to each child is truly tailored to his specific needs.

At the very beginning of his lessons the pupil is told he must cooperate with his teacher by doing his homework assignments faithfully. This helps him become actively involved in the program to improve his reading. The reading teacher explains to the pupil what his strengths and weaknesses are in terms that he can understand. In this way he is more apt to cooperate in those sessions that may be difficult for him. He receives instruction in his strong areas as well as his weak areas, - as this helps to create feeling of success and confidence.

The experienced reading teachers use many methods or adaptations of these methods in their instructional programs; linguistic, phonic, basal reader, Spalding, the experience - story approach and their own eclectic methods. A multi-sensory approach using auditory, visual and kinesthetic techniques is used extensively at every session. Dictation exercises are also included in each day's lesson.

During their sessions in the clinic pupils are instructed with a multiplicity of reading materials; linguistic readers, skills workbooks, phonic readers, social studies filmstrips, phrase filmstrips, controlled reader filmstrips and experience stories typed on a primer typewriter. Pupils make book selections daily from a great variety of popular children's books. They are allowed to take the books home with them and encouraged to read to their parents or younger brothers and sisters.

The reading clinic teachers keep a daily record of the teaching activities, materials used and degree of success experienced by the child. Each child has a file in which his daily work is kept.

The intrinsic motivation of learning to read is usually the best reward. However, these children who have experienced repeated failures sometimes respond more quickly if some extrinsic motivation is provided. The clinic teachers have devised a reward method whereby their pupils are given a certain amount of tokens for tasks performed well. On Thursday the tokens are exchanged for a reward - usually small candy bars. The system has proved to be very effective with the pupils - who early await Thursday to count their tokens to find out what they have earned.

The important point to remember, of which all experienced teachers are aware, is that there is <u>no one approach</u> to remediate these severely

retarded readers.

However, the reading teachers have 3 guiding principles which may be profitably used in many approaches. They are:

1. Assume nothing - for example we sometimes assume that if a child is in the fourth grade, he must know the alphabet.
2. Teach in micro-units which the pupil can handle easily and then proceed in a structured manner from the simple to the complex.
3. Use a multi-sensory approach to reinforce the weak memory pattern.

Our reading clinic teachers have attempted to make some general statements as to common disabilities found among their pupils. The most common are:

1. Significant confusion of letter sounds.
2. Severe inability to blend sounds of letters.
3. Extremely poor penmanship.

There are a few children who have shown symptoms of emotional disturbances and they meet with the guidance counselor for individual therapy sessions in the clinic. One boy was referred to the psychiatrist for further help.

Pupils attend the clinic four days weekly. On Friday there is no instruction in the reading clinic. On this day the reading teachers confer with the classroom teachers of the pupils enrolled in the clinic. These meetings have been most helpful in that the classroom teacher is kept alert to materials and techniques used in the clinic with her pupil. This exchange is important so that the classroom teacher may follow through with in-

struction and integrate the pupil's instruction at the reading clinic with her reading program. The guidance counselor also meets regularly with the classroom teacher of the child she is counseling. A very basic principle underlying remediation is the need for close cooperation between the clinic remedial program and the regular classroom program, and every effort is made to coordinate these two programs. This day is also used to administer individual tests to prospective candidates as described earlier.

The clinic staff, reading teachers, clinical psychologist, guidance counselor, reading consultant and director of the Education Center meet weekly to discuss progress of individual pupils and formulate policy. When the Reading Clinic can accommodate another child the clinic staff makes a group decision as to which child will enter. Parents are invited to the clinic for meetings conducted by the psychologist. Discussion is free and centers around practical problems of parents who have children with severe reading disabilities.

The Reading Clinic has been in operation since October 1967. There have been 26 children from grades 2 to 5 enrolled to date. Of this number 16 have been dismissed from the Reading Clinic. Children are dismissed from the clinic when the Clinic Staff feel they are academically and psychologically no longer in need of this help. The reading clinic teacher confers with the classroom teacher before the pupil is dismissed and may recommend that the child continue in the schools' remedial reading program for a short period. She will then arrange a meeting with the parent of the child to review the child's program.

Progress Reports

A comprehensive progress report of the child's program in the Reading Clinic is sent to his classroom teacher. It contains the following information:

1. General Ability Test Results.
2. Silent Reading Test Results - Vocabulary and Word Recognition.
3. Comprehension or Paragraph Reading Scores.
4. Standardized Group Spelling Test Results.
5. Sight Vocabulary - the number of Dolch Basic Sight Words.
6. Phonics Inventory (detailed).
7. Materials used as:
   a. Phonics and linguistic readers
   b. Filmstrips read
   c. Tapes used
   d. Recreatory Books
8. Analysis of Oral Reading; types of errors made, methods of word attack.
9. Disability Analysis - visual or auditory defects, speech defects, physical defects and emotional disturbances.
10. Observations - strengths and weaknesses.
11. Recommendations for the classroom teacher.

The Reading Clinic teachers do follow-up visits to the classroom teachers to see whether or not the child is maintaining the gain he made in the clinic and to offer supportive help.

Evaluation of new materials

The Reading Clinic teachers carry on continuous evaluation of materials and sources of materials. One of the present systems the reading teachers are evaluating and which they have found to be significantly helpful with one particularly severe disability reading case is the Harcourt Brace Linguistic Readers. It is felt that these specific readers offer more practice at each level before introducing new material.

Future Plans - Inservice Training

The number of pupils that can be serviced in the reading clinic is of necessity a small percentage of those in need of help. Yet we feel that a classroom teacher can benefit greatly by observing the work of the clinic. So we have made plans for 70 classroom teachers to assist for one week in the Reading Clinic to give them an opportunity to learn diagnostic and remedial techniques, and to become acquainted with many new materials and their uses. They will learn to make more extensive use of a multi-sensory approach in their reading programs and to confidently use a greater variety of materials in their reading classes such as tapes, filmstrips and programmed and linguistic readers, rather than a single basal text. Two substitute teachers will substitute in the classrooms while the classroom teachers are working in the clinic. The in-service training program will be conducted for 35 weeks of the school year beginning in September 1968. We feel this will be our most important service of the clinic because we are now enabling the classroom teacher to improve her skills and techniques in the teaching of reading and thereby strengthening the developmental reading program.

Since the clinic has an observation room with a one-way glass we have

made arrangements with personnel from Worcester State College and Anna Maria College to allow some students to visit the clinic to observe and assist the reading teachers. They will also have the opportunity to see the optometrist screen for visual problems. Psychology students from Clark University are invited to observe play therapy sessions conducted by the clinical psychologist.

In this way we hope to broaden the interest and knowledge of the beginning teacher in the new and broad scope of the reading program today. "If we but think of it, all that a University or final highest school can do for us is still but what the first school began doing - teach us to read.. .. When a student has been trained to make the words of any page of general writing yield their full meaning, he has in his possession the primary instrument of all higher education."

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